

**STATE OF UTAH
DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING**

APPLICATION FOR LICENSURE

**THERAPEUTIC RECREATIONAL TECHNICIAN
(TRT), THERAPEUTIC RECREATIONAL
SPECIALIST (TRS), or MASTER THERAPEUTIC
RECREATIONAL SPECIALIST (MTRS)**

APPLICATION INSTRUCTIONS AND INFORMATION

General Statement: The Utah Division of Occupational and Professional Licensing (DOPL) desires to provide courteous and timely service to all applicants for licensure. To facilitate the application process, **submit a complete application form including all applicable supporting documents and fees.** Failure to submit a complete application and supply all necessary information will delay processing and may result in denial of licensure. The fees are for processing your application and will not be refunded. **Please read all instructions carefully.**

Address of Record: The address you provide on this application will be your address of record. All correspondence from DOPL will be sent to that address. You are responsible to directly notify DOPL of any change to your address of record. Do not rely on a forwarding order.

Social Security Number: Your social security number is classified as a private record under the Utah Government Records Access and Management Act. It is used by DOPL as an individual identifier. It is also used for child support enforcement pursuant to Subsection 78-32-17(3) and is mandatory pursuant to Subsection 58-1-301(1), Utah Code Ann., which implements 42 U.S.C. 666(a)(13). If an SSN is not provided, the application is incomplete and may be denied.

SUPPORTING DOCUMENTS AND FEES:

If you are applying for licensure as a Therapeutic Recreational Therapist (TRT), complete the following in addition to submitting a completed application:

1. Submit a copy of your high school diploma or a copy of your GED equivalent.
2. Use the “Completion of Education for a Therapeutic Recreational Technician” form (attached to this application) to submit documentation of meeting the education requirement.

OR

Submit official transcript(s) from an accredited college or university documenting six (6)

semester hours or nine (9) quarter hours in therapeutic recreation.

3. Use the “Verification of Practicum Experience to be a Therapeutic Recreational Technician” form (attached to this application) to submit evidence of completion of a supervised practicum by a licensed MTRS or on-site, full-time TRS.
4. Submit the original letter from Thomson Prometric documenting your passing score on the Utah TRT Examination.
5. Submit the original letter from Thomson Prometric documenting your passing score on the Utah Recreational Therapy Law and Rules Examination.
6. Submit a **\$70.00** non-refundable application-processing fee, made payable to “DOPL.”

If you are applying for licensure as a Therapeutic Recreational Specialist (TRS), complete the following in addition to submitting a completed application:

1. Submit official transcript(s) documenting completion of an approved bachelor’s or graduate degree in therapeutic recreation, a bachelor’s or graduate degree with an approved emphasis in therapeutic recreation, or a bachelor’s or graduate degree with approved additional course work in therapeutic recreation after graduation.
2. Submit a copy of your National Council for Therapeutic Recreation Certification.

OR

Submit an “Affidavit of Supervision for Temporary TRS Licensure” form (attached to this application) if applying for a TRS temporary license, which may only be issued if you have registered to take the NCTRC examination. (See # 7 under “Additional Important Information” below.)

3. Submit the original letter from Thomson Prometric documenting your passing score on the Utah Recreational Therapy Law and Rules Examination.
4. Submit a **\$70.00** non-refundable application-processing fee, made payable to “DOPL.”
5. Submit an **additional \$50.00** non-refundable application-processing fee if applying for a for TRS temporary license.

NOTE: The total fees for a TRS license and a TRS temporary license are \$120.00, which can be submitted in one check or money order, made payable to “DOPL.”

If you are applying for licensure as a Master Therapeutic Recreational Specialist (MTRS), complete the following in addition to submitting a completed application:

1. Submit official transcript(s) documenting completion of an approved master's degree.
2. Submit a copy of your National Council for Therapeutic Recreation Certification, unless you have been licensed in Utah as a TRS for at least two years.
3. Submit the original letter from Thomson Prometric documenting your passing score on the Utah Recreational Therapy Law and Rules Examination.
4. Submit a completed "Verification of TRS Experience for Licensure as a Master Therapeutic Recreational Specialist" form (attached to this application) if you obtained licensed or certified supervised experience as a TRS in a state other than Utah.
5. Submit a \$70.00 non-refundable application-processing fee, made payable to "DOPL."

ADDITIONAL IMPORTANT INFORMATION:

1. **Law and Rules Exam:** Applicants for licensure must pass the Utah Recreational Therapy Law and Rules Examination. Contact Thomson Prometric at 1-800-882-3981 to register for the examination.

The following applicable laws and rules are available on the Internet at www.dopl.utah.gov:

- ☐ Division of Occupational & Professional Licensing Act
 - ☐ General Rules of the Division of Occupational & Professional Licensing
 - ☐ Recreational Therapy Practice Act
 - ☐ Recreational Therapy Practice Act Rules
2. **Current Documents:** Applications, statutes, rules, and forms are occasionally changed. Go to www.dopl.utah.gov to ensure you have the most recent version of these documents.
 3. **Professional Examination for TRT:** To register to take the qualifying examination for licensure as a TRT, call Thomson Prometric at 1-800-882-3981.
 4. **National Council for Therapeutic Recreation Certification (NCTRC):** To request information for national certification, including registering to take the national certification examination, call (845) 639-1439 or go to www.nctrc.org.
 5. **Examination Fees:** There are separate fees for all examinations. It is the responsibility of the applicant to submit the fees directly to the testing agency.

6. **License Renewal:** All recreational therapy licenses expire May 31 of each odd-numbered year.

Unlike many other states, Utah's license renewal schedule **is not** based on the licensee's date of initial licensure. Under Utah's renewal system, all licenses in each profession expire as a group on the same day every two years. Therefore, the length of a licensee's first renewal cycle depends on how far into the current renewal cycle initial licensure was obtained. Each renewal cycle thereafter is for a full two years.

Additionally, the fee paid with this application for licensure is an application-processing fee only. It does not include a renewal fee. Each licensee is responsible to renew licensure **PRIOR** to the expiration date shown on the current license. Approximately two months prior to the expiration date shown on the license, renewal information is disseminated to each licensee's last address of record, as provided to DOPL.

7. **Temporary License:** Temporary licenses are issued only for the TRS applicant who is registered to take the NCTRC examination. If you are issued a temporary license, you must work under the supervision of a licensed TRS or MTRS. Upon receiving your NCTRC, it is your responsibility to submit a copy of the NCTRC to DOPL. (No additional fees are required at this time.) Once a copy of your NCTRC has been submitted to DOPL, your TRS license will be issued.
8. **Updating Address Information:** It is your responsibility to maintain a current address with DOPL. If your address is incorrect, you will not receive renewal notices or other correspondence. Address changes can be made online at www.dopl.utah.gov.
9. **Name Change:** If you have been licensed by DOPL under any other name, please submit documentation of your name change (i.e. copy of a marriage license or divorce decree).
10. **Mail Complete Application to:**

By U.S. Mail

Division of Occupational & Professional Licensing
P.O. Box 146741
Salt Lake City, Utah 84114-6741

By Delivery or Express Mail

Division of Occupational & Professional Licensing
160 East 300 South, 1st Floor Lobby
Salt Lake City, Utah 84111

11. **Telephone Numbers:** (801) 530-6628
(866) ASK-DOPL – Toll-free in Utah
(866) 275-3675
12. **Fax Number:** (801) 530-6511

APPLICATION FOR LICENSURE

GENERAL INFORMATION

License(s) Applying For: _____ Therapeutic Recreational Technician (TRT)
_____ Therapeutic Recreational Specialist (TRS)
_____ Temporary Therapeutic Recreational Specialist
_____ Master Therapeutic Recreational Specialist (MTRS)

Social Security Number: _____

Last Name: _____ Maiden Name: _____

First Name: _____ Middle Name: _____

Gender (Male or Female): _____ Date of Birth: _____

Have You Ever Held A Utah License Before? Yes _____ No _____

If Yes, Name of Profession: _____

If Yes, License Number: _____

MAILING ADDRESS:

Street: _____

City: _____ State: _____ Zip: _____

County: _____ Telephone: _____

DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY

License/Certificate Number: _____

Date License/Certificate Approved: _____

Approved By: _____

Date License/Certificate Denied: _____

Denied By: _____

Reason for Denial/Other Comments: _____

IF YOU ARE APPLYING FOR LICENSURE AS A THERAPEUTIC RECREATIONAL TECHNICIAN (TRT), ANSWER THE FOLLOWING:

Answer “yes” or “no.”

_____ I have attached the “Completion of Education for a Therapeutic Recreational Technician” form documenting my completion of the education requirements.

_____ I have attached official transcripts documenting six semester hours or nine quarter hours in therapeutic recreation.

_____ I have attached the “Verification of Practicum Experience to be a Therapeutic Recreational Technician” form documenting 125 hours of experienced training in therapeutic recreation under the supervision or direction of an MTRS or a TRS.

IF YOU ARE APPLYING FOR LICENSURE AS A THERAPEUTIC RECREATIONAL SPECIALIST (TRS), ANSWER THE FOLLOWING:

Answer “yes” or “no.”

_____ I have attached official transcripts documenting completion of an approved bachelor’s or graduate degree in therapeutic recreation, a bachelor’s or graduate degree with an approved emphasis in therapeutic recreation, or a bachelor’s or graduate degree with approved additional course work in therapeutic recreation after graduation.

_____ I have attached a copy of my National Council for Therapeutic Recreation Certification.

_____ I have applied for National Council for Therapeutic Recreation Certification and have been approved to take the next scheduled certification examination.

IF YOU ARE APPLYING FOR LICENSURE AS A MASTER THERAPEUTIC RECREATIONAL SPECIALIST (MTRS), ANSWER EACH OF THE FOLLOWING:

Answer “yes” or “no.”

_____ I have an earned master’s degree in recreational therapy.

_____ I have an earned master’s degree with emphasis in recreational therapy.

_____ I have two years of full-time paid experience in recreational therapy as a licensed Therapeutic Recreational Specialist (TRS).

_____ I have two years of full-time paid experience in recreational therapy in another state while certified by NCTRC.

_____ I have attached my official transcript(s) documenting my master’s degree.

IF YOU ARE APPLYING FOR LICENSURE AS A MASTER THERAPEUTIC RECREATIONAL SPECIALIST (MTRS), DOCUMENT YOUR COURSEWORK AS EXPLAINED BELOW:

Provide the course names and numbers documenting a minimum of 9 semester hours or 12 quarter hours of upper division or graduate level course work in **recreational therapy** completed as part of your master’s degree program.

Course Name: _____ Number: _____ Credits: _____

Course Name: _____ Number: _____ Credits: _____

Course Name: _____ Number: _____ Credits: _____

Course Name: _____ Number: _____ Credits: _____

Course Name: _____ Number: _____ Credits: _____

Course Name: _____ Number: _____ Credits: _____

Course Name: _____ Number: _____ Credits: _____

Course Name: _____ Number: _____ Credits: _____

Course Name: _____ Number: _____ Credits: _____

IF YOU ARE APPLYING FOR LICENSURE AS AN MTRS, DOCUMENT AT LEAST TWO YEARS OF PROFESSIONAL EXPERIENCE WHILE LICENSED AS A TRS OR CERTIFIED BY NCTRC: (Use additional sheets if necessary.)

List most recent position first.

1. Position: _____
Organization: _____
Address: _____
Telephone Number: _____
Inclusive Dates of Experience: from _____ to _____
Hours Worked Each Week: _____ Total Hours Worked: _____
Primary Responsibilities and Activities: _____

2. Position: _____
Organization: _____
Address: _____
Telephone Number: _____
Inclusive Dates of Experience: from _____ to _____
Hours Worked Each Week: _____ Total Hours Worked: _____
Primary Responsibilities and Activities: _____

RECREATIONAL THERAPIST QUALIFYING QUESTIONNAIRE

Answer “yes” or “no” for each question. Do not leave any question blank.

1. _____ Have you ever applied for or received a license, certificate, permit, or registration to practice in a regulated profession under any name other than the name listed on this application?
2. _____ Have you ever been denied the right to sit for a licensure examination?
3. _____ Have you ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, or disciplined in any way?
4. _____ Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against you by any health care professional licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?
5. _____ Are you currently under investigation or is any disciplinary action pending against you now by any licensing or governmental agency?
6. _____ Have you ever had hospital or other health care facility privileges denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
7. _____ Have you ever been permitted to resign or surrender hospital or other health care facility privileges, while under investigation or while action was pending against you by any licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?
8. _____ Is any action related to your conduct or patient care pending against you now at any hospital or health care facility?
9. _____ Have you ever had rights to participate in Medicaid, Medicare, or any other state or federal health care payment reimbursement program denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?

(Questions continue on following page.)

10. _____ Have you ever been permitted to resign from Medicaid, Medicare, or any other state or federal health care payment reimbursement program while under investigation or while action was pending against you by any licensing agency, hospital, or other health care facility, or criminal or administrative jurisdiction?
11. _____ Is any action pending against you now by Medicaid, Medicare, or any other state or federal health care payment reimbursement program?
12. _____ Have you been named as a defendant in a malpractice suit?
13. _____ Have you ever had office monitoring, practice curtailments, individual surcharge assessments based upon specific claims history, or other limitations, restrictions, or conditions imposed by any malpractice carrier?
14. _____ Have you ever had any malpractice insurance coverage denied, conditioned, curtailed, limited, suspended, or revoked in any way?
15. _____ If you are licensed in the occupation/profession for which you are applying, would you pose a direct threat to yourself, to your patients or clients, or to the public health, safety, or welfare because of any circumstance or condition?
16. _____ Have you ever been declared by any court of competent jurisdiction incompetent by reason of mental defect or disease and not restored?
17. _____ Have you ever been terminated from a position because of drug use or abuse?
18. _____ Are you currently using or have you recently (within 90 days) used any drugs (including recreational drugs) without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law?
19. _____ Have you ever used any drugs without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law, for which you have not successfully completed or are not now participating in a supervised drug rehabilitation program, or for which you have not otherwise been successfully rehabilitated?
20. _____ Have you ever had a documented case in which you were involved as the abuser in any incident of verbal, physical, mental, or sexual abuse?
21. _____ Do you currently have any criminal action pending?

(Questions continue on following page.)

22. _____ Have you pled guilty to, no contest to, or been convicted of a misdemeanor in any jurisdiction within the past ten (10) years? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.
23. _____ Have you ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?
24. _____ Have you, in the past ten (10) years, been allowed to plea guilty or no contest to any criminal charge that was later dismissed (i.e. plea in abeyance or deferred sentence)?
25. _____ Have you ever been incarcerated for any reason in any federal, state or county correctional facility or in any correctional facility in any other jurisdiction or on probation/parole in any jurisdiction?

If you answered “yes” to questions 21, 22, 23, 24, or 25 above, you must include with your application a copy of the police report, court docket, any probation/parole officer report, and a narrative of the circumstances that occurred for EACH and EVERY arrest and/or conviction.

If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.

If you have formally expunged a criminal record as evidenced by a court order signed by a judge, you do not need to disclose that criminal history. Please be aware that expungement orders must be sent to the Bureau of Criminal Identification and the FBI to enable the expungement to be completed and the criminal history eliminated from the records.

If you answered “yes” to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.

A “yes” answer does not necessarily mean you will not be granted a license; however, the Division may request additional documentation if the information submitted is insufficient.

AFFIDAVIT and RELEASE AUTHORIZATION

I am the applicant described and identified in this application for licensure, certification, or registration in the State of Utah.

I am qualified in all respects for the license, certificate, or registration for which I am applying in this application.

To the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, misrepresentation, or omission of material fact.

To the best of my knowledge, the information contained in the application and its supporting document(s) is truthful, correct, and complete; and, discloses all material facts regarding the applicant and associated individuals necessary to properly evaluate the applicant's qualifications for licensure.

I will ensure that any information subsequently submitted to the Division of Occupational and Professional Licensing in conjunction with this application or its supporting documents meet the same standard as set forth above.

I understand that it is unlawful and punishable as a class A misdemeanor to apply for or obtain a license or to otherwise deal with the Division of Occupational and Professional Licensing or a licensing board through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement, or omission.

I understand that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

I authorize all persons, institutions, organizations, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division of Occupational and Professional Licensing to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.

Signature of Applicant: _____

Date of Signature: _____

Printed Name of Applicant: _____

Division of Occupational and Professional Licensing
160 East 300 South, P.O. Box 146741
Salt Lake City, Utah 84114-6741
Fax: 801-530-6511

COMPLETION OF EDUCATION FOR A THERAPEUTIC RECREATIONAL TECHNICIAN

TO BE COMPLETED BY THE SUPERVISOR:

Name of Applicant: _____

Name of MTRS Instructor: _____

Instructor License Number: _____ Instructor Phone Number: _____

Facility Name where Education was Conducted: _____

Facility Address where Education was Conducted: _____

City: _____ State: _____ Zip: _____

Describe the educational setting (private practice, governmental entity, nonprofit and charitable corporation, school, college, university, licensed health facility, or other):

Dates applicant was attending educational training: from ____/____/____ to ____/____/____

This document is to attest that the applicant has successfully completed 90 hours or 6 semester hours of educational training in therapeutic recreation under the Section R156-40-102 (2) of the Recreational Therapy Practice Act Rules.

MTRS Signature: _____ Date: _____

NOTE: If you are an out-of-state supervisor, you must also attach a copy of your state license and current resume.

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Division of Occupational and Professional Licensing
160 East 300 South, P.O. Box 146741
Salt Lake City, Utah 84114-6741
Fax: 801-530-6511

VERIFICATION OF PRACTICUM EXPERIENCE TO BE A THERAPEUTIC RECREATIONAL TECHNICIAN

TO BE COMPLETED THE SUPERVISOR:

Name of Applicant: _____

Name of Supervisor: _____

Supervisor License Number: _____ Phone Number: _____

Address Where Experience was Conducted: _____

City: _____ State: _____ Zip: _____

Describe your employment setting (private practice, governmental entity, nonprofit and charitable corporation, school, college, university, licensed health facility, or other):

Dates applicant was employed with this agency: from ____/____/____ to ____/____/____

Were both you and the applicant working in the same employment setting where the experience hours were obtained? ____ Yes ____ No If no, please explain: _____

What were the dates of the supervision: from ____/____/____ to ____/____/____
(Hours must be completed within 9 months.)

How many face-to-face consultation hours were conducted? (10 hrs. minimum required) _____

This document is to attest that the applicant has successfully completed 125 hours of experienced training in therapeutic recreation under my supervision, as set forth in Section R156-40-102 (3) of the Utah Recreational Therapy Practice Act Rules.

Signature of MTRS / TRS: _____ Date: _____

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Division of Occupational and Professional Licensing
160 East 300 South, P.O. Box 146741
Salt Lake City, Utah 84114-6741
Fax: 801-530-6511

AFFIDAVIT OF SUPERVISOR FOR TEMPORARY TRS LICENSURE

TO THE TRS OR MTRS SUPERVISOR: Complete this form and return it to the applicant for submission with his/her application for a TRS temporary license. Do not begin supervision until the applicant has been approved for a temporary license.

Name of Applicant to be Supervised: _____

Name of Employing Facility: _____

Facility Street Address: _____

City: _____ State: _____ Zip: _____

Facility Telephone Number: _____

Name of TRS or MTRS Supervisor: _____

License Number of TRS or MTRS Supervisor: _____

Telephone Number of Supervisor: _____

As the TRS or MTRS supervisor, I attest to the following:

1. I have read the Recreational Therapy Practice Act and Rules and understand my responsibilities as a supervisor.
2. I have verified that the applicant has met all the requirements for licensure except passing the NCTRC Examination.
3. I have verified that the applicant has been approved to sit for the NCTRC Examination.
4. I will ensure that the applicant, when approved for temporary license, works under my supervision as defined in R156-40-102(7).
5. I understand that it is unlawful to permit the applicant to continue to engage in recreational therapy services under my supervision on an expired temporary license.
6. I understand that I am responsible for the recreational therapy services performed by the temporary TRS and I will approve the treatment plans as well as any modifications to the treatment plans.

Signature of Supervisor: _____ Date: _____

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Division of Occupational and Professional Licensing
160 East 300 South, P.O. Box 146741
Salt Lake City, Utah 84114-6741
Fax: 801-530-6511

VERIFICATION OF TRS EXPERIENCE FOR LICENSURE AS A MASTER THERAPEUTIC RECREATIONAL SPECIALIST

TO BE COMPLETED BY THE SUPERVISOR:

Name of Applicant: _____

Applicant's License Number: _____ State: _____

Is the applicant a _____ TRS or a _____ CTRS (by NCTRC)?

Name of Supervisor: _____

Employer Work Address: _____

Employer Phone Number: _____

Dates applicant was employed with this agency: from ____/____/____ to ____/____/____

How many hours per week did the applicant work? _____ part-time _____ full-time

Describe the duties and responsibilities of the TRS: _____

Were both you and the applicant working in the same employment setting where the experience hours
were obtained? _____ Yes _____ No If no, please explain: _____

What were the dates of the supervision: from ____/____/____ to ____/____/____

Is the applicant currently employed with agency? _____ Yes _____ No

If No, is the applicant re-hirable? _____ Yes _____ No

This document is proof that the applicant has been actively engaged in legal practice as a licensed TRS immediately preceding the date of his/her application with the state of Utah. The applicant has completed 4,000 hours of paid experience as a TRS or Certified TRS by NCTRC.

Signature of Supervisor: _____ Date: _____

NOTE: If you are an out-of-state supervisor, you must attach a copy of your state license and resume.